

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 W Overland, Boise, ID

June 20 and 21, 2001

COMMITTEE MEMBER ATTENDEES:

Stephen E Bastian, *Franklin County EMS*, Advanced EMT Member
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Randy Cordle, *Emergency Medicine of Idaho*, Emergency Pediatric Medicine
Merrill Cornelius, *Oneida Ambulance*, EMT-Basic Member
Hal Gamett, *Jefferson Central Fire District*, Fire Department Based Non-Transport Member
Gary L Gilliam, *Culdesac QRU*, Volunteer Third Service Member
Hal Iverson, *St Alphonsus Life Flight*, Air Medical Member
Karen Kellie, *McCall Memorial Hospital*, Idaho Hospital Association Member
Mary Ellen Kelly, *Central District Health*, State Board of Nursing Member
Laura Bareither for Nancy Kerr, State Board of Medicine Member
David Kim, Idaho Chapter of ACEP Member
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Robert D Larsen (Acting), *Community Ambulance Service, Inc*, Private Agency Member
Rob Miesen, *Lewiston Fire Department*, EMT-Paramedic
Robert W Monteith, *Rose Lake QRU*, Third Service Non-Transport Member
Greg Owen, *Canyon County Ambulance*, Career Third Service Member
Dennis Patterson, *College of Southern Idaho Hlth Sci & Human Svcs*, EMS Instructor Member
Murry Sturkie, DO, *Emergency Medicine of Idaho*, Idaho Medical Association Member
Mark Wendelsdorf, *Caldwell Fire and Rescue*, Idaho Fire Chiefs Association Member
Michael S Williams, *Kootenai County EMS*, County EMS Administrator Member

COMMITTEE MEMBERS ABSENT:

Ethel Peck, *EMT*, Idaho Association of Counties Member
William Pyron, Consumer Member

EMS STAFF ATTENDEES:

Jim Alter, EMS Regional Operations Coordinator	Dia Gainor, EMS Bureau Chief
Gary Brookshire, EMS Regional Consultant, CDA	Dean Neufeld, EMS Regional Consultant, LEW
Boni Carrell, EMS for Children	Andy Edgar, EMS Regional Consultant, TWF
Douglas Carrell, EMS Regional Consultant, BOI	Barbara Freeman, Administrative

Other Attendees:

Kurt Aikele, Blackfoot Fire Department	Connie Johnson, Camas EMS
Jay Blacksher, Gooding Memorial Hospital	Deb McKinnon, Latah County EMS
Dean Ellis, Idaho Falls Fire Department	Sue Parrigan, Air Idaho Rescue
Rod Hackwith, Moscow Fire Department	Gordon Roberts, Bannock Life Flight
Pam Humphrey, Bannock Life Flight	Greg Vickers, Bannock Life Flight

Key Discussion Points:	Outcomes: Decisions, Action Items
<i>Topics and Discussion</i>	<i>Outcomes</i>
WELCOME AND MINUTES APPROVAL	Minutes approved.
SELECT EMSAC MEETING DATES FOR MARCH & JUNE 2002	Future EMSC and EMSAC dates: September 19 and 20, 2001 December 5 and 6, 2001 March 20 and 21, 2002 June 12 and 13, 2002
BUREAU REPORT Dia Gainor Briefed EMSAC on Bureau staffing, Idaho Code number changes, and the Trauma Care Advisory Committee.	
OTHER BUSINESS <i>STATEWIDE EMS ASSOCIATION</i> Mike Williams reported on the first organizational meeting of a potential EMS organization in the state. The next meeting will be in September, the night before the EMSAC meeting.	
EMSC SUB-COMMITTEE REPORT – <i>STRATEGIC PLAN</i> The current funding cycle is about over. Reviewed the mission statement, vision statements and goals. These are in draft form and were briefly discussed.	A motion by Greg Owens to accept the report of the EMSC Subcommittee was seconded and carried.
AIR MEDICAL SUB-COMMITTEE REPORT <i>MEDICAL DISPATCH OPTIONS</i> (Issue 01-06)	Tabled until next meeting. State Comm not available for the June 20, 2001 meeting.
AIR MEDICAL SUB-COMMITTEE REPORT <i>REVIEW OF CAMT'S STANDARDS</i>	MOTION 1: (Williams,Sturkie) moved that the current rules requiring paramedic at the pre-hospital ALS level remain as is. Unanimously carried in favor. Ad Hoc vote: 2 in favor, 2 opposed MOTION 2: (Williams, Sturkie) Moved that a registered nurse, who is currently licensed in the

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	<p>United States, who can document equivalent training as a paramedic, be authorized by the state to sit for a NR EMT-P exam and if successfully passes and meets all other requirements for initial certification, be certified by the state as an EMT-P. Unanimously carried in favor Ad Hoc vote: 4 in favor, 0 opposed</p> <p>MOTION 3: A motion by Owen was seconded with two no votes to table this issue pending further investigation by the EMS Bureau was carried with two no votes.</p> <p>Dr. Cordle and Mr. Owen have great reservation about this motion by allowing one professional organization to test for certification without training.</p> <p>Pam Sheldon added that none of the Medstar nurses are Idaho certified nurses. Medstar has not asked the Idaho Board of Nursing if they can practice under their Washington license while flying in Idaho. Mary Kelly reported that as of April 1, 2001 a Washington nurse must be licensed in Idaho to practice.</p> <p>MOTION 4: (Sturkie, Williams) Moved the EMS Bureau shall consider the standards published by the Commission on Accreditation of Medical Transport Systems as the blueprint for minimum air ambulance requirements. Unanimously carried in favor Ad Hoc vote: 4 in favor, 0 opposed</p> <p>MOTION 5: A motion by Cordle that the EMS Bureau shall consider the standards published by the Commission on Accreditation of Medical Transport Systems as the minimum air ambulance requirements, pending approval of the unit licensure subcommittee failed by a voice vote.</p> <p>MOTION 6: A motion by Cordle that the EMS Bureau shall consider the standards published by the Commission on Accreditation of Medical Transport Systems, in addition to Idaho specific rules, become the minimum air ambulance requirements carried.</p> <p>MOTION 7: Williams moved that those agencies fully accredited by CAMT's be exempt from an</p>

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	annual agency inspection by the Bureau during the CAMT's accreditation period was unanimously carried. Ad Hoc vote: 4 in favor, 0 opposed.
<p>AIR MEDICAL SUB-COMMITTEE REPORT</p> <p>DRAFT LETTER OF AGREEMENT Communications between Air Medical Resources in Idaho</p> <p>Hal Iverson read the letter of agreement between air medical agencies providing services in Idaho. The letter was discussed in depth with additional points of reporting to be considered as well as the addition of fixed wing reporting to State Comm.</p>	<p>A motion by Kellie to support the Air Medical Subcommittee letter of agreement and the participation of State Comm and allow other air medical services that operate in Idaho on an occasional basis be allowed to participate in the agreement was seconded and carried.</p>
<p>MEDICAL DIRECTION SUB-COMMITTEE REPORT</p> <p>Survey Results Medical Direction Training Options Identification of On-Line Medical Control Issues</p> <p>Action Plan</p> <ol style="list-style-type: none"> 1. Communicate with current medical directors about the committee and the goals. A survey could be used to give them an opportunity to submit comment on further issues or needs. 2. Discuss implementation of medical direction for all levels of EMS providers and what the strategy might be with the Board of Medicine. (Requires a rule change to Board of Medicine rules) 3. Define a functional job description for a medical director. 4. Develop statute or rule to protect the QA system to make the information undiscoverable under the rules of evidence in the State of Idaho. Maybe include EMS in the current exception to discovery statute. 	<p>A motion by Bastian to accept the report of the MEDICAL DIRECTION Subcommittee was seconded and carried.</p>

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<ol style="list-style-type: none"> 5. Explore regional on-line medical control or the use of State Comm as a conduit for on-line medical control. 6. Explore the variation in current medical direction protocols on a statewide basis and statewide protocols now in use in other states. 7. Educate the hospitals, the ED medical directors, the agency medical directors and the ED nursing community about EMS and specifically medical direction. 8. Develop a statewide reporting system to require medical director QA review results be formally reported to the EMS Bureau. Develop an aggregate statewide report to provide feedback to the medical director to develop an educational component to improve patient care. 9. Explore other states that have state medical directors and how their system operates, including funding. 10. Develop an EMS medical director program update and training course to be presented at the EMS regional conferences. Include a medical director's handbook. 	
<p>EDUCATION SUB-COMMITTEE REPORT</p> <p><i>AMERICAN RED CROSS COURSE COMPARISON WITH FIRST RESPONDER COURSE</i></p> <p>The sub-committee recommends the EMS Bureau provide the American Red Cross with Idaho criteria. When the American Red Cross demonstrates compliance with the Idaho criteria, the Bureau and EMSAC will reconsider the request.</p>	<p>A motion by Owen to accept the report and ask the EMS Bureau to implement the recommendation of the Education Subcommittee was seconded and carried.</p>

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<p>GRANT SUB-COMMITTEE</p> <p>Dedicated Grants Narrative Scoring & Grant Evaluations Dedicated Grants Narrative Scoring and Grant Evaluations: \$1.18 million available in the fund.</p> <p>The following motions and recommendations to the Bureau were made:</p> <ol style="list-style-type: none"> 1. Cap Transport Vehicle awards at \$88,000.00 to include gurney. 2. Add \$1000.00 for a radio to be installed in the vehicle. 3. Add \$3500.00 for 4-wheel drive, if justified 4. Cap non-transport vehicle awards at \$45,000.00. 5. Add \$1000.00 for a radio to be installed in the vehicle.. 6. Used vehicles may be purchased this year, but should not be allowed in FY2003 grants. 7. If an agency was awarded a vehicle dedicated grant and a subsequent application is made, The Bureau will note this in the narrative for consideration by EMSAC. 8. Pulse Oximeters should no longer be funded for BLS agencies. (Must be explained in future grant instructions. 9. Only ALS agencies may be awarded funds for cardiac monitors. 10. BLS and ILS agencies should only be awarded funds for AED's. 11. False data on the application or attached should disqualify the applicant 12. Request for non-standard vehicles (such as fire vehicles, boats, snowmobiles, leased vehicles) should be evaluated based on the 	<p>A motion by Williams to accept the report of the Grant Subcommittee and recommend implementation of the guidelines to the Bureau was seconded and carried.</p>

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<p>EMS component.</p> <p>13. Missing data information should result in a “0” score for that data field.</p> <p>14. IDAPA 16.02.04.102, sections 1 and 2 are to be followed. If required information is missing, the application may be excluded.</p> <p>15. Equipment listed in multiple quantities will be evaluated as single requests</p> <p>16. Applications received after the deadline will not be considered.</p> <p>17. If the price quote is lower than the amount requested, the award will be for the price quote, unless there is an explanation</p> <p>18. AED awards will be capped at \$4,500.00.</p>	
<p>DISCIPLINARY SUB-COMMITTEE REPORT</p> <p><i>INCIDENT #27</i></p> <p>The letter requested by EMSAC to a county of concern has been sent and the county has agreed to pursue corrective action.</p> <p>Incident 27 is still under investigation.</p>	<p>A motion by Owen to accept the report of the Disciplinary Subcommittee was seconded and carried.</p>